MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08671

# CERTIFICATE OF DEATH

Reg. Dist. No. 28

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 5 yrs. 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Anne Arundel
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lothian X
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) (Last) Bell
4. DATE OF DEATH: (Month) 9 (Day) 23 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11/4/15
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Robert Bell
14. MOTHER'S MAIDEN NAME: Privella Bell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. No (If Yes, give war or dates of service) — — —
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

Immediate cause (a) Pulmonary Tuberculosis - Caseopneumonic — Interval Between Onset And Death 4/24/52

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenic Reaction, Hebephrenic Type — 8/24/48

19a. DATE OF OPERATION: — — — — —
19b. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — — — — — — — — — —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — — — —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — — — — — (CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — — — — — — —
TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — — — — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 2/1, 19 53, to 9/23, 19 53, that I last saw the deceased alive on 9/23, 19 53, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert M.D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 26 1953
NAME OF CEMETERY OR CREMATORY Mt Zion
LOCATION (City, town, or county) Lothian (State) Md

DATE REC'D BY LOCAL REGISTRAR 9-24-53
REGISTRAR'S SIGNATURE K Mazzer
24. FUNERAL DIRECTOR T A Hardesty & Son, Galesville ADDRESS Md

VS. 410

RECEIVED
SEP 30 1933
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08672

## CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

**1. PLACE OF DEATH:**
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 38 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel Hill
STREET ADDRESS (If rural give location) 16K 2

**3. NAME OF DECEASED:** (First) Margaret (Middle) (Last) Bolden

**4. DATE OF DEATH:** (Month) 9 (Day) 10 (Year) 1953

**5. SEX:** Female

**6. COLOR OR RACE:** Negro

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widow

**8. DATE OF BIRTH:** 1871

**9. AGE last birthday:** 82 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

**10a. USUAL OCCUPATION.** Give kind of work done during most of working life, even if retired): Domestic

**10b. KIND OF BUSINESS OR INDUSTRY:** Housework

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** U. S.

**13. FATHER'S NAME:** Louis Grouse

**14. MOTHER'S MAIDEN NAME:** Unknown

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) — — —

**16. SOCIAL SECURITY NO.:** — — — —

**17. INFORMANT & ADDRESS:** Hospital Records

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Chronic Myocarditis — Unknown
422.1

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — "
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility — "

19a. DATE OF OPERATION: — — — 19b. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — — — — — — — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — — — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — — — — (CITY OR TOWN) (COUNTY) (STATE) — — — — — — — — — —

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR? — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 8/3, 1953, to 9/10, 1953, that I last saw the deceased alive on 9/10, 1953, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen E. Kramer M.D. ADDRESS Crownsville, Md. DATE SIGNED 9/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9-14-53 — NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery — LOCATION (City, town, or county) Prince Geo Md (State)

DATE REC'D BY LOCAL REGISTRAR 9-12-53 — REGISTRAR'S SIGNATURE T. M. Joyce

24. FUNERAL DIRECTOR John I Hrone — ADDRESS 3rd & Eye St NW Washington DC

FRENCH

JOINT THRONE

3RD - 1st N.W.

WAS. D.C.

RECEIVED
SEP 30 1953
BUREAU - V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 18673

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A 5-53

**1. PLACE OF DEATH:** COUNTY A A. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Annapolis Dock

**2. USUAL RESIDENCE (HOME) OF DECEASED:** STATE Md COUNTY A A
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS West St. (If rural, give location)

**3. NAME OF DECEASED:** (Type or Print) (First) Jesse (Middle) Earl (Last) Brady
**4. DATE OF DEATH** (Month) 9 (Day) 14 (Year) 1953

**5. SEX:** M. **6. COLOR OR RACE:** W. **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Use word)** Divorced **8. DATE OF BIRTH:** 1-23-1914 **9. AGE Last birthday:** 39 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Tractor Driver **10b. KIND OF BUSINESS OR INDUSTRY:** Construction **11. BIRTHPLACE** (State or foreign country): Prince Geo Co Md **12. CITIZEN OF WHAT COUNTRY?** U.S.A

**13. FATHER'S NAME:** John E. Brady **14. MOTHER'S MAIDEN NAME:** Bertha Parks

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service) —
**16. SOCIAL SECURITY NO.:** —
**17. INFORMANT & ADDRESS:** Mrs Lucy Ann Bishop 209 Mohegan Ave Forrest Heights Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 929.8 — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

**19a. DATE OF OPERATION:** **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

**21a. EXTERNAL CAUSE WAS** PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
**21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY City Dock
**21c.** (City or town) Annapolis (County) AA Co (State) MD.
**21d. TIME** (Month) (Day) (Year) (Hour) OF INJURY 9 14 53 P M.
**21e. INJURY OCCURRED** While at work ☐ Not while at work ☐
**21f. HOW DID INJURY OCCUR?** Fell overboard

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 9/15/53

**23. BURIAL, CREMATION, REMOVAL** (Specify): | DATE THEREOF 9-17-53 | NAME OF CEMETERY OR CREMATORY All Hallows | LOCATION (City, town, or county) Davidsonville (State) Md

DATE REC'D BY LOCAL REG. Sept. 16, 1953 | REGISTRAR'S SIGNATURE [signature] S.W. | **24. FUNERAL DIRECTOR** John M. Taylor Sons | ADDRESS Annapolis Md.

RECEIVED
SEP 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

08674

Reg. Dist. No. 21

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 603 Glendon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10
STREET ADDRESS (If rural give location) 603 Glendon Ave.

3. NAME OF DECEASED: (Type or Print) (First) Carvilla (Middle) Marie (Last) Brown

4. DATE OF DEATH: (Month) Sept. (Day) 15 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify):
8. DATE OF BIRTH: 11-8-1887
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Wm. Perkins
14. MOTHER'S MAIDEN NAME: Unk

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Harry C. Brown, Sr. Same As Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

176X

Immediate cause (a) Carcinoma Vulva c

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Melastasis

DUE TO

(c)

Interval Between Onset And Death: 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 1948, to 9-15-, 1953, that I last saw the deceased alive on 9-15, 1943, and that death occurred at 12 NOON, from the causes and on the date stated above.

SIGNATURE Ehrenhardt (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 9/15/53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF 9-18-53 NAME OF CEMETERY OR CREMATORY Hillcrest LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 16, 1953 REGISTRAR'S SIGNATURE [signature] BW
24. FUNERAL DIRECTOR John M. Taylor & Sons ADDRESS Annapolis, Md.

RECEIVED
SEP 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 08675 21

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
STREET ADDRESS (If rural give location) 189 GREEN STREET

3. NAME OF DECEASED: (Type or Print) (First) Jack (Middle) Randy (Last) BRUCE

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 14 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: CAUCASIAN

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 12 SEPTEMBER 1953

9. AGE last birthday: 00 yrs. IF UNDER 1 YEAR: Months – Days 2 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edgar Jack BRUCE

14. MOTHER'S MAIDEN NAME: Geraldine Margaret WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) – –

16. SOCIAL SECURITY No.: – – –

17. INFORMANT & ADDRESS: Hospital records - USNH, Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X Immediate cause (a) IMMATURITY UNQUALIFIED (776) — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 SEP, 19 53, to 14 SEP, 19 53, that I last saw the deceased alive on 14 SEP, 19 53, and that death occurred at 12:11 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) W. I. NEIKIRK, LCDR MC USN — ADDRESS U.S. Naval Hospital, Annapolis, Md. — DATE SIGNED 9-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 9-15-53 — NAME OF CEMETERY OR CREMATORY USNAVAL CEMET. — LOCATION (City, town, or county) (State) ANNAPOLIS, MD.

DATE REC'D BY LOCAL REGISTRAR Sept. 15, 1953 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR B L Hopping & Son — ADDRESS Annapolis, Md.

2093181270

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 16 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 3574

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linstead - Severna Park
MARYLAND
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Ridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linstead, Severna Park
STREET ADDRESS 8 Ridge Road (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Malcolm (Middle) John (Last) Cameron

4. DATE OF DEATH: (Month) September (Day) 13 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 10, 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Corporation Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: Title Insurance Trust Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John M. Cameron

14. MOTHER'S MAIDEN NAME: Elizabeth H. Fitzpatrick

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16 SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death 4 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to Sept 13, 1953, that I last saw the deceased alive on Sept 13, 1953, and that death occurred at 11.25 PM, from the causes and on the date stated above.

SIGNATURE Irene H. Fenton (Degree or title) M.D. ADDRESS Severna Park Md DATE SIGNED Sept 14, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation DATE THEREOF Sept 15, 1953 NAME OF CEMETERY OR CREMATORY Loudon Park LOCATION (City, town, or county) Baltimore (State) Maryland

DATE REC'D BY LOCAL REGISTRAR Sept 14, 1953 REGISTRAR'S SIGNATURE L. J. D'Aleo

24. FUNERAL DIRECTOR P. K. Singleton ADDRESS Glen Burnie, Md.

(Ashes) Buried September 17, 1953 Fairmount Cemetery, Chatham, New Jersey.

VS. A15

RECEIVED
SEP 17
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 262 Shore Drive Sun Rise Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
STREET ADDRESS (If rural, give location) 262 Shore Drive SunRise Beach

3. NAME OF DECEASED (Type or Print) (First) JESSIE (Middle) T (Last) CAMPBELL
4. DATE OF DEATH (Month) SEPTEMBER (Day) 23, (Year) 53

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH April 12, 1875
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Isabella Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mr Millard Campbell Glassboro, N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. Linhardt (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 9/23/53.

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-26-53
NAME OF CEMETERY OR CREMATORY Cedar Green Cemetery
LOCATION (City, town, or county) Clayton, N.J. (State)

DATE REC'D BY LOCAL REG. Sept. 23, 1953
REGISTRAR'S SIGNATURE K M Joyce
24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 21

M

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 237 N. Linden Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 237 N. Linden Ave

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) Lee (Last) Clark

4. DATE OF DEATH: (Month) Sept (Day) 4 (Year) 1953

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Dec 25 1876
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Retail Clothing
11. BIRTHPLACE (State or foreign country): Annapolis, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Clark
14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Elizabeth Clark Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart — 4 years

DUE TO (c) Distant

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Sept 4, 1953, that I last saw the deceased alive on Sept 4, 1953, and that death occurred at 4 pm, from the causes and on the date stated above.

SIGNATURE George C Basil (Degree or title) M D ADDRESS Annapolis Md DATE SIGNED 9.7.53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Sept 7 53 NAME OF CEMETERY OR CREMATORY St Anne's LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept. 7, 1953 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR John M. Toyle & Sons ADDRESS Annapolis, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
SEP 14
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 21 ... 79

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Gen. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 17 Fairfax Terrace

3. NAME OF DECEASED: (Type or Print) (First) Perley (Middle) M. (Last) Clark

4. DATE OF DEATH: (Month) 9 (Day) 5 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify)

8. DATE OF BIRTH: June 29-1901

9. AGE last birthday: 52 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Sales Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Elevators

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Clark

14. MOTHER'S MAIDEN NAME: Emma Measer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. B. M. Clark N. Jersey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction, Acute DUE TO — Interval Between Onset And Death: 5 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-5-53, to 9-5-53, that I last saw the deceased alive on 9-5-53, and that death occurred at 6.45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) James R. Martin M.D.
ADDRESS Annapolis, Md.
DATE SIGNED 9-7-53

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) DATE THEREOF 9-9-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington Va.

DATE REC'D BY LOCAL REGISTRAR Sept. 8, 1953
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR John M. Taylor & Sons
ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: Anne Arundel — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
   LENGTH OF STAY (in this place): 10
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Md — COUNTY: A A
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
   STREET ADDRESS (If rural give location): 45 Collage Ave

3. NAME OF DECEASED: (Type or Print) (First) Margueride (Middle) Mason (Last) Porter Rusachs

4. DATE OF DEATH: (Month) 9 (Day) 15 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Unk.

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Howse wife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Annapolis Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Theodoric Porter

14. MOTHER'S MAIDEN NAME: Bettie Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Rosalie P. Van Ness 235 King Geo St Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lupus erythematosus — Interval Between Onset And Death: 5 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

705.4

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/5/50, to 9/15/53, that I last saw the deceased alive on 9/15/53, and that death occurred at 5:27 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank M. Shipley M.D. Annapolis Md 9/16/53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) — DATE THEREOF: Sept 17, 1953 — NAME OF CEMETERY OR CREMATORY: St Annes — LOCATION (City, town or county) (State): Annapolis, Md

DATE REC'D BY LOCAL REGISTRAR: Sept. 16, 1953 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR — ADDRESS: John M. Tayloe Sons Annapolis Md

B.W

RECEIVED
SEP 17
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
MARYLAND
LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give) OR TOWN Shady Side X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) LeVina (Last) Eisenhower

4. DATE OF DEATH. (Month) September (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: October 11, 1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leekite

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Arlington Va Mrs. Carter, daughter, 1325 N. STH...RT ST

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO Myocardial infarction

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arteriosclerotic CV Disease

(c)

Interval Between Onset And Death 3 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 3, 1953, to Sept. 3, 1953, that I last saw the deceased alive on Sept. 3, 1953, and that death occurred at 1 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Shady Side Md. DATE SIGNED 9-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9-5-53 NAME OF CEMETERY OR CREMATORY Bethel Cemetery LOCATION (City, town, or county) (State) Alexandria Va.

DATE REC'D BY LOCAL REGISTRAR Sept. 5, 1953 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR ADDRESS J. Wm. Lee Sea Co. - Washington D.C.

VS. 416

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 14 19[illegible]
BUREAU V. S.

Item #8 - Film G.158 9/22/53 mmt

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 00662 25

1. PLACE OF DEATH: COUNTY A.A. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 604 Riverside Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn. X

STREET ADDRESS (If rural give location) 604 Riverside Rd.

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) R. (Last) Elliott

4. DATE OF DEATH: (Month) 9 (Day) 14 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: 12-5-1927

9. AGE last birthday: 25 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Leo Bacon

14. MOTHER'S MAIDEN NAME: Emma Schneider

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Family-Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Carcinoma Cervix + Ovary

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION metastatic carcinoma

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1953 to 9-14, 1953 that I last saw the deceased alive on 9-13, 1953 and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. L. Ewald Jr. M.D., B.S. ADDRESS 36 York Ct. DATE SIGNED 9/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) B

DATE THEREOF 9-16-53

NAME OF CEMETERY OR CREMATORY Cathedral

LOCATION (City, town, or county) (State) Balto.

DATE REC'D BY LOCAL REGISTRAR 9-16-53

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR James L. McCurry 130 E. Fort Ave.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and gives nearest town) OR TOWN Admiral Level
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) (Last) ENNIS

4. DATE OF DEATH: (Month) 9 (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: 3-10-1890

9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Gas Engineering

11. BIRTHPLACE (State or foreign country): U.S.A. or Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles E. Ennis

14. MOTHER'S MAIDEN NAME: Ada Whitney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 213-34-8986

17. INFORMANT AND ADDRESS: Martha Evans - Annapolis, Md.

### 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture Skull

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture Cpd. Lobar & Petrous Bilateral

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Highway (CITY OR TOWN) Annapolis (COUNTY) Anne Arundel (STATE) MD

TIME OF INJURY (Month) 9 (Day) 5 (Year) 53 (Hour) 12 m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ✓, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: C. Lee Ault (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 9/7/53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF 9-10-53 — NAME OF CEMETERY OR CREMATORY Davidsonville — LOCATION (City, town, or county) Davidsonville, (State) Md.

DATE REC'D BY LOCAL REG. Sept. 9, 1953 — REGISTRAR'S SIGNATURE H. Bruce Brooks

24. FUNERAL DIRECTOR Whitney Lusby & Lusby — ADDRESS 108 W. Washington St. Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY A A — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian X
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) William (Last) EZELL
4. DATE OF DEATH (Month) 9 (Day) 7 (Year) 1953
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 4-25-07
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRICKLAYER
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Columbia South Carolina
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME COY EZELL
14. MOTHER'S MAIDEN NAME Rebecca English
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Julia J. EZELL 5119 Call Pl. SE. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

835X

Immediate cause (a) Crushing-Injury-to-Chest.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) FARM.
(CITY OR TOWN) (COUNTY) A.A.Co (STATE) MD
TIME OF INJURY (Month) 9 (Day) 7 (Year) 53 (Hour) P m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Tractor-turned-over-

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E Kin Laudh (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 9-7-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 9-7-53
NAME OF CEMETERY OR CREMATORY St. Joseph Funeral Home
LOCATION (City, town, or county) Washington D.C. (State)
DATE REC'D BY LOCAL REG. 9-8-53
REGISTRAR'S SIGNATURE Elsie West Williams
24. FUNERAL DIRECTOR St. Joseph Funeral Home ADDRESS 306 L St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP
BUREAU V. S

Items 18,21&22 Film G158 10-5-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shady Side; MARYLAND; LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Avalon Shores - Cottage

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town); STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | JOANNE | E. | FECTEAU | | 9 | 26 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| female | white | WIDOW | | 27 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| | | Warwood, W. Va. | U.S.A. |

13. FATHER'S NAME: Frank C. Deem

14. MOTHER'S MAIDEN NAME: Gladys Sinclair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Frank C. Deem, 17 Fearless Ave., Lynn, Mass.

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Asphyxia due to carbon monoxide poisoning

916.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Second and third degree burns of most of the body

(322.0) (c) Acute Alcoholism

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Cottage | Shady Side | Anne Arundel | Md. |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| 9- | 2 | -53 | 5-6 p.m. | | Carbon monoxide poisoning- burned during conflagration. |

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R.B. Fisher (Degree or title) Chief Medical Examiner, ADDRESS 700 Fleet St., Balto. 2, Md. DATE SIGNED 9-28-53

| 23. BURIAL CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| | Sept 28-53 | Pine Grove | Lynn | Mass |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Sept. 28, 1953 | D. B. Dent | John W. Loyd Sons | Annapolis Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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OCT 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 36

# CERTIFICATE OF DEATH

Reg. Dist. No. 21

I Lenhardt

**1. PLACE OF DEATH:**
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md. COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 104 Severn Ave

**3. NAME OF DECEASED:** (Type or Print) (First) Robert (Middle) L. (Last) Fowler

**4. DATE OF DEATH:** (Month) 9 - (Day) 25 (Year) 1953

**5. SEX:** M.
**6. COLOR OR RACE:** W.
**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Married
**8. DATE OF BIRTH:** 4-29-1891
**9. AGE last birthday:** 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired: Stone Mason
**10b. KIND OF BUSINESS OR INDUSTRY:** Bldg.
**11. BIRTHPLACE** (State or foreign country): Baltimore Md.
**12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13. FATHER'S NAME:** Joseph Charles Fowler
**14. MOTHER'S MAIDEN NAME:** Mary E. Stevens

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I
**16. SOCIAL SECURITY NO.:** —
**17. INFORMANT & ADDRESS:** Clara M. Fowler 104 Severn Ave Annapolis Md.

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

177X

Immediate cause (a) Carcinoma Prostate Cancer
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastases
DUE TO
(c)

Interval Between Onset And Death: 1949

**11. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19 , to 9/25, 1953, that I last saw the deceased alive on 9/25, 1953, and that death occurred at 10 AM, from the causes and on the date stated above.

SIGNATURE Shewhaul (Degree or title) MS. ADDRESS Annapolis Md DATE SIGNED 9/27/53

**23. BURIAL, CREMATION, REMOVAL** (Specify) DATE THEREOF 9-27-53 NAME OF CEMETERY OR CREMATORY ~~St Clemens~~ Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept. 27, 1953 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A151

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BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (in this place) "
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 269 Hanover St.

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Palmer (Last) Gould

4. DATE OF DEATH: (Month) 9- (Day) 13- (Year) 19 53

5. SEX: F — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (write which): Married — 8. DATE OF BIRTH: 4-7-1882 — 9. AGE Last birthday: 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home Wife — 10b. KIND OF BUSINESS OR INDUSTRY: Home — 11. BIRTHPLACE (State or foreign country): Manchester England — 12. CITIZEN OF WHAT COUNTRY: U S A

13. FATHER'S NAME: William Palmer — 14. MOTHER'S MAIDEN NAME: Lucy Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N/A (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: 269 Hanover St. Mrs Chas C. Gold Annapolis Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Arteriosclerotic Cardio Vascular Illness — yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying csuse last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. old Cerebral Hemorrhage & hem.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 52 to Sept 13, 19 53 that I last saw the deceased alive on Sept 9, 19 53, and that death occurred at 5 A M, from the causes and on the date stated above.

SIGNATURE (Degree or title) Mamie Klavans MD — ADDRESS Annapolis Md — DATE SIGNED 9/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 9-15-53 — NAME OF CEMETERY OR CREMATORY Lincoln — LOCATION (City, town, or county) Pr Geo Co — (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept. 15, 1953 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR John W. Taylor Son — ADDRESS Annapolis Md

VS. A15

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SEP 17
BUREAU V. S.

Item 7 Film G158 9/29/53 mnb

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pumphrey
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 246 Key Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pumphrey
STREET ADDRESS (If rural, give location) 246 Key Ave

3. NAME OF DECEASED (Type or Print): (First) Mattie (Middle) Crison (Last) Grosham

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: 8/30/

9. AGE last birthday: 51 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Ellen Hazard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Candace James 246 Key Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease — Interval Between Onset and Death: Unk.

592 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic nephritis. — Unk.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Aug, 1953, to 19 Sept, 1953, that I last saw the deceased alive on 19 Sept, 1953, and that death occurred at 6:30A m., from the causes and on the date stated above.

SIGNATURE: Ronald B. Shelton (Degree or title) M.D. ADDRESS: 501 Chesty Hill Road, Baltimore 25 Md. DATE SIGNED: 21 Sept. 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 9/ /53 NAME OF CEMETERY OR CREMATORY: Mt Calvary LOCATION (City, town, or county) (State): Balto City

DATE REC'D BY LOCAL REGR: SEP 22

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Isaiah L Byrne & Son ADDRESS: 108 N Montgomery St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

| | |
|---|---|
| 1. PLACE OF DEATH: A.A. Co<br>COUNTY ~~BERNARD~~ MARYLAND<br>CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JESSUPS MD<br>LENGTH OF STAY (in this place)<br>HOSPITAL OR INSTITUTION OR STREET ADDRESS MISSION RD | 2. USUAL RESIDENCE (HOME) OF DECEASED:<br>STATE MD COUNTY<br>CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JESSUPS MD<br>STREET ADDRESS (If rural, give location) MISSION RD |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED: (Type or Print) (First) BERNARD (Middle) JOS (Last) HABER | | | 4. DATE OF DEATH: (Month) 9 (Day) 11 (Year) 1953 | |
| 5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE | 8. DATE OF BIRTH: 883 | 9. AGE last birthday: -70- yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): BALTO. MD | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME: FRANCIS H HABER | | 14. MOTHER'S MAIDEN NAME: ELIZ. OMETTE | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: MRS MARIE [illegible] | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 570.5

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Intestinal obstruction | 4 days |
| | DUE TO | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Unknown | |
| | DUE TO | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertension & cerebral infarctions

| | | |
|---|---|---|
| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased ~~from~~ on Sept 11, 1953, to ~~....., 19....~~, that I last saw the deceased alive on Sept 11, 1953, and that death occurred at 12:20 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Frank R. Weaver, M.D., 305 Prince George St., Laurel, Md. 9/12/53

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF 9-14-53 | NAME OF CEMETERY OR CREMATORY CATHEDRAL | LOCATION (City, town, or county) (State) BALT. |
| DATE REC'D BY LOCAL REG. 9/14/53 | REGISTRAR'S SIGNATURE ~~9/14/53~~ A W Bedford | 24. FUNERAL DIRECTOR WIEDEFELD & SON GREENMONT & 23rd ST. | ADDRESS |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 9121

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Deale
STREET ADDRESS ----- (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) AGNES (Middle) (Last) HARDESTY

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 23 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 27, 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Deale, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Deale

14. MOTHER'S MAIDEN NAME: Fannie Dawson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --- (If Yes, give war or dates of service) ----

16. SOCIAL SECURITY No.: -----

17. INFORMANT & ADDRESS: Mr Robert Hardesty, -Son - Deale, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Uremia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) generalized arteriosclerosis

DUE TO

(c) Diabetes mellitus

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's syndrome.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1953, to Sept 23, 1953, that I last saw the deceased alive on Sept 22, 1953, and that death occurred at 8:10 p.m. from the causes and on the date stated above.

SIGNATURE Emily H. Wilson (Degree or title) M.D. ADDRESS Lothian, Md. DATE SIGNED 9-26-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9-27-53

NAME OF CEMETERY OR CREMATORY Deale Family Cemetery

LOCATION (City, town, or county) Deale, Anne Arundel (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 9/26/53

REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR ADDRESS W.H. Hutchins and Sons Owings, Maryland

Wm. A. Franck mgr.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 91

# CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AID-1

**1. PLACE OF DEATH:**

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian ✓

LENGTH OF STAY (in this place): 30 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Md COUNTY A A

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian

STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED: (Type or Print)** (First) Nannie (Middle) Amelia Ward (Last) Hardesty

**4. DATE OF DEATH:** (Month) Sept (Day) 11 (Year) 1953

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | Colored | Married | 7/19/67 | 86 yrs. | | | | |

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):** Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE (State or foreign country):** Calvert Co. Md

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** Joseph H Ward

**14. MOTHER'S MAIDEN NAME:** Sarah Ellen Ward

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)** — **(If Yes, give war or dates of service)** —

**16. SOCIAL SECURITY NO.:** —

**17. INFORMANT & ADDRESS:** Mrs Ellen Jane, Harwood. Md.

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:**

| | | Interval Between Onset and Death |
|---|---|---|
| 332X Immediate cause | (a) Cerebral Thrombosis | 3 days |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Arteriosclerosis - generalized | Unk |
| DUE TO | | |
| | (c) | |

**II. OTHER SIGNIFICANT CONDITIONS:** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify)**

**PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY**

**(CITY OR TOWN)** **(COUNTY)** **(STATE)**

**TIME OF INJURY (Month) (Day) (Year) (Hour) M.**

**INJURY OCCURRED** While at work ☐ Not while at work ☐

**HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from Mar., 19 53., to 11 Sept., 19 53., that I last saw the deceased alive on 11 Sept., 19 53., and that death occurred at 11 P.m., from the causes and on the date stated above.

SIGNATURE R B Larsen — (DEGREE OR TITLE) M D — ADDRESS Upper Marlboro Md — DATE SIGNED 9-13-53

| 23. BURIAL, CREMATION REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Sept 14, 1953 | Quaker | Lakeswille Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 9/23/53 | Elsie West Williams | T A Hardesty & Son | Lakeswille Md |

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BUREAU V. S.

Item 2 : date of injury: 9-3-53: Film G153 9-24-53 L

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

0092

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS-A15A

1. PLACE OF DEATH: COUNTY Anne Arundel. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galesville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chesapeake Bay.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Wayson (Last) Hantge. Huntge

4. DATE OF DEATH: (Month) Sept. (Day) 3 (Year) 1953

5. SEX: Males | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: May 10 1897 | 9. AGE last birthday: 56 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Life Insurance
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emile Alexander Hantge.
14. MOTHER'S MAIDEN NAME: Susan Edgar.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 214-05-6281
17. INFORMANT AND ADDRESS: Alma Strong - Galesville - Md.

18. MEDICAL CERTIFICATION

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| Immediate cause | (a) Intracranial Injuries | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Fracture of Skull. | |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, etc.) Chesapeake Bay | (CITY OR TOWN) Thomas Lighthouse | (COUNTY) A.A. | (STATE) Md.

TIME OF INJURY (Month) Sept. (Day) 3 (Year) 1953 (Hour) 12:30 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? explosion of boat.

9-3-53 12:30 a.m. 1453

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title): Bowie Linn Ford M.D. | ADDRESS: Shady Side Md. | DATE SIGNED: 9-3-53.

23. BURIAL, CREMATION, REMOVAL (Specify): Buried. | DATE THEREOF: Sept 5, 1953 | NAME OF CEMETERY OR CREMATORY: Quaker Cemetery | LOCATION (City, town, or county) (State): Galesville, Md.

DATE REC'D BY LOCAL REG.: Sept 3 53 | REGISTRAR'S SIGNATURE: J. B. Dent

24. FUNERAL DIRECTOR: T A Hardesty & Son, Galesville Md. | ADDRESS

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08693

# CERTIFICATE OF DEATH

Reg. Dist. No. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ~~Balto~~ Anne Arundel MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn Pk.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 600 Riverside Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn Park; STREET ADDRESS (If rural, give location) same

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) H. (Last) Hayes

4. DATE OF DEATH: (Month) (Day) (Year) 9-12-53 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 5-31-88

9. AGE last birthday: 65 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Demcinski

14. MOTHER'S MAIDEN NAME: Rose ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Jos. C. Brock -stepson- same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 2 days

443X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio vascular disease — March

(c) — 1950

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 19 50, to 9/12, 19 53 that I last saw the deceased alive on 9/11/, 1953, and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harry Deiler M.D., 1226 Hanover St.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 9-15-53

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Baltimore, A.A. Co., Md.

DATE REC'D BY LOCAL REG. SEP 14 53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Lilly & Zeiler, Inc. 403 S. Wolfe Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 94

# CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Fort George G. Meade
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort George G. Meade
STREET ADDRESS (If rural give location) 1253 A

3. NAME OF DECEASED: (Type or Print) (First) Wesley (Middle) Lowell (Last) Hess

4. DATE OF DEATH: (Month) September (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 15 September 53

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months, Days IF UNDER 24 HRS. Hours 8 Min. 55

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James S. Cook

14. MOTHER'S MAIDEN NAME: Edna Maxine Hess

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Lawrence Edward Hess (Uncle 1253 A, Ft. Meade, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral anoxia DUE TO — Interval Between Onset And Death: 8 hrs 55 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Severe anemia DUE TO
(c) marginal sinus rupture of placenta

760.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Sep, 19 53 to , 19 , that I last saw the deceased alive on 15 Sep, 19 53, and that death occurred at 2030 hrs., from the causes and on the date stated above.
SIGNATURE (Degree or title) Frederick L. Eade, M.D. ADDRESS Ft. Geo. G. Meade, Md. DATE SIGNED U.S. Army Hospital 28 Sept 53

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF 16 Sep 53 NAME OF CEMETERY OR CREMATORY Prospect Hill LOCATION (City, town, or county) Towson, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 22 Sep 53 REGISTRAR'S SIGNATURE T.A. [illegible], USA

24. FUNERAL DIRECTOR ADDRESS William Cook Inc. Balto. Md.

VS. A15

209322363

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08695

# CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ANNE ARUNDLE — PASADENA. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PASADENA MD
LENGTH OF STAY (in this place) 3 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HILLSIDE R.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND. COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PASADENA. X
STREET ADDRESS (If rural give location) HILLSIDE ROAD.

3. NAME OF DECEASED (Type or Print): (First) ANTONAS (Middle) JOSEPH. (Last) JANKUNAS

4. DATE OF DEATH: (Month) 9 (Day) 30 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: SEPT-1-1887

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10b. Kind of Business or Industry: H-STEEL

11. BIRTHPLACE (State or foreign country): LITHUANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-01-2847

17. INFORMANT MARY H. MACKESSY HILLSIDE RD PASADENA-MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Larynx — Interval Between Onset and Death: 2 years

161X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Sept 30, 1953, that I last saw the deceased alive on Sept. 28, 1953, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Brady Smith M.D. Riviera Beach, Md. 10/2/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: OCT. 3 53

NAME OF CEMETERY OR CREMATORY: ST. STANISLAUS

LOCATION (City, town, or county) (State): DUNDALK RD.

DATE REC'D BY LOCAL REG. 10/2/53

REGISTRAR'S SIGNATURE: W Wheeler

24. FUNERAL DIRECTOR: CHARLES W. KACHAUSKAS

ADDRESS: 703 McHENRY ST.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY |
| X CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena — LENGTH OF STAY (in this place) 1½ da. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Magothy Beach | STREET ADDRESS (If rural, give location) 2562 W. Fayette Street |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Ardrum | (Middle) C. | (Last) Kellum | 4. DATE OF DEATH | (Month) 9 | (Day) 3 | (Year) 1953 |
| 5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH 8/30/05 | 9. AGE last birthday 48 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours Min. |

| | | | |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintanance mechanic | 10b. KIND OF BUSINESS OR INDUSTRY U.S. Coast Guard | 11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME Joseph Kellum | | 14. MOTHER'S MAIDEN NAME Agnes Skates | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no | 16. SOCIAL SECURITY No. 227-10-2463 | 17. INFORMANT AND ADDRESS Mrs. Evelynn V. Kellum (wife) | |

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphixiz due to submersion

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arterio sclerotic heart disease and myocardial infarct

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐ |

| | | | | |
|---|---|---|---|---|
| 21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Cochey Creek | (CITY OR TOWN) P. O. Pasadena | (COUNTY) A.A. | (STATE) Md. |
| TIME OF INJURY (Month) (Day) (Year) (Hour) 9/3/53 2:20 P.m. | INJURY OCCURRED While at work ☐ Not while at work X | HOW DID INJURY OCCUR? his head submerged into water from boat | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE William V. Lovett MD (Degree or title) ADDRESS DATE SIGNED Sept 4 1953

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Sept. 7 1953 | NAME OF CEMETERY OR CREMATORY Lorraine Park | LOCATION (City, town, or county) Baltimore County (State) Md |
| DATE REC'D BY LOCAL REG. 9/9/53 | REGISTRAR'S SIGNATURE L. J. DeAlba mmb | 24. FUNERAL DIRECTOR George L. Schwab | ADDRESS 2101 Frederick Ave. Balto., Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ferndale
LENGTH OF STAY (In this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 807 Annapolis Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ann (Last) Kramer
4. DATE OF DEATH (Month) Sept. (Day) 7 (Year) 1953
5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 3/18/87
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ALEX.
14. MOTHER'S MAIDEN NAME Mary Rycarczyk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs Frances Hedrich (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE Gustave H. Pauber MD (Degree or title) ADDRESS Glen Burnie, Md. DATE SIGNED 9/7/53

AUTOPSY CREMATION MORAL (Specify) Burial — DATE THEREOF 9-10-53 NAME OF CEMETERY OR CREMATORY Holy Redeemer LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 9/8/53 REGISTRAR'S SIGNATURE A.W. Hedrich dmr. 24. FUNERAL DIRECTOR Lilly & Zeilenden ADDRESS 4636 Wolfe Street

MARGIN RESERVED FOR BINDING

AS WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Linthicum
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 S. Camp Meade Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Arundel County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Linthicum
STREET ADDRESS (If rural, give location) 204 S Camp Meade Rd.

3. NAME OF DECEASED (Type or Print) (First) Matilda (Middle) (Last) Kurtz
4. DATE OF DEATH (Month) Sept. (Day) 26 (Year) 1953
5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Sept 6-1866
9. AGE last birthday 87 yrs. If under 1 year: Months / Days 19 If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Peter E. A. Lange
14. MOTHER'S MAIDEN NAME Marie Bruns
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Elinor Schmidt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cardio-vascular disease | 6 mo. |
| 443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arterio-sclerosis & Hypertension | 10 yrs. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1942, to Sept. 26, 1953, that I last saw the deceased alive on 9/26, 1953, and that death occurred at 12:35 A.m., from the causes and on the date stated above.

SIGNATURE Chas. L. Ball Jr. (Degree or title) ADDRESS Linthicum DATE SIGNED 9/26/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 9/29/53 NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery LOCATION (City, town, or county) Frederick Ave (State)

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR GED LEIMBACH 525 N LYNDHURST St ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place) "
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spa Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) Spa Road

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Wesley (Last) Linthicum
4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 10-29-1880
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Corn-Trucking General
11. BIRTHPLACE (State or foreign country): A. A. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Theodore H. Linthicum
14. MOTHER'S MAIDEN NAME: Georgeana Mitchell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Miss Marie Linthicum Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arterio Sclerotic Heart — Lenal

DUE TO (c) Disease — years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1952, to Sept. 14, 1953, that I last saw the deceased alive on Sept. 14, 1953, and that death occurred at 4:30 am, from the causes and on the date stated above.

SIGNATURE George C. Basil M.D. (Degree or title) ADDRESS Annapolis Md DATE SIGNED 9-14-53

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) DATE THEREOF 9-14-53 NAME OF CEMETERY OR CREMATORY Cedar Bluff LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept. 14, 1953 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 15
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 8-3708

1. PLACE OF DEATH:
COUNTY: ANNE ARUNDEL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ANNAPOLIS
LENGTH OF STAY (in this place): 11 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: - -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural give location): 1604 PATAPSCO ST.

3. NAME OF DECEASED: (First) Clarence (Middle) Silas (Last) LONG
4. DATE OF DEATH: (Month) September (Day) 18 (Year) 19 53

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | Caucasian | Married | 25 March 1885 | 68 yrs. | | |

| 10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| U.S. Navy | U.S. Navy | Virginia | USA |

13. FATHER'S NAME: Aummy LONG
14. MOTHER'S MAIDEN NAME: Ydia PINE

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|---|
| ✓ Yes | WWI | Unknown | Hospital records - USNH, Annapolis, Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

151K

Immediate cause (a) CARCINOMA, STOMACH, WITH METASTASIS (199) — Approx 9 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 JUN, 19 53, to 18 SEP, 19 53, that I last saw the deceased alive on 18 SEP, 19 53, and that death occurred at 9:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): C. S. PARKER LT MC USN — ADDRESS: U.S. NAVAL HOSPITAL, ANNAPOLIS, MD. — DATE SIGNED: 9-19-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/23/53 — NAME OF CEMETERY OR CREMATORY: Arlington Mem. — LOCATION (City, town or county) (State): Arlington Va

DATE REC'D BY LOCAL REGISTRAR: 9-21-53 — REGISTRAR'S SIGNATURE: A.W.Hedrich dmr.

24. FUNERAL DIRECTOR: Pratt & Stricker — ADDRESS: 1703 P.M. Walters Sts

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 101 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodland Beach
STREET ADDRESS (If rural give location) Edgewater Post Office

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) LOWE

4. DATE OF DEATH: (Month) (Day) (Year) September 1, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 29, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): ----
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Annapolis, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Reginald Lowe
14. MOTHER'S MAIDEN NAME: May Elizabeth Carter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY No.: ----
17. INFORMANT & ADDRESS: Mr Reginald Lowe, Father same as # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7768

Immediate cause (a) Prematurity — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Aug, 1953, to 1 Sep, 1953, that I last saw the deceased alive on 1 Sep 53, 1953, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. ADDRESS Carroll Hall, Annapolis DATE SIGNED 2 Sep 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 2-53 NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery LOCATION (City, town, or county) (State) Annapolis, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 2, 1953 REGISTRAR'S SIGNATURE [signature] O'Brien

24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md

2083323300

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

8702

Reg. Dist. No. 22

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ODENTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ODENTON Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ODENTON
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) MARY (Last) LOWMAN

4. DATE OF DEATH: (Month) SEPT. (Day) 20 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: NOV. 10, - 1863
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): BALTIMORE, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES HARDESTY
14. MOTHER'S MAIDEN NAME: FRANCIS GANTT

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: MRS. HELEN WATTS, ODENTON, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Cerebral Infarct — Interval Between Onset And Death: 3 days.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio Vascular Renal Disease — 2 years

DUE TO

(c) Uremia — 1 week

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1-53, 19 ..., to Sept 20-53, 19 ..., that I last saw the deceased alive on Sept 19-53, 19 ..., and that death occurred at 6:15 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or Title) Joseph Lipsley M.D. ADDRESS Odenton Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 9-22-53
NAME OF CEMETERY OR CREMATORY Epiphany Cemet.
LOCATION (City, town, or county) Odenton, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Sept. 22, 1953
REGISTRAR'S SIGNATURE Clara Haslup
24. FUNERAL DIRECTOR B L Hopping & Son ADDRESS Annapolis, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY A.A.CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EMERG. HOSP. RWHR
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Annapolis, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.Co
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Severn X
STREET ADDRESS (If rural, give location) Box 203 Rt. 1

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Rooney (Last) ~~Lyde~~ Lyde
4. DATE OF DEATH (Month) 9 (Day) 12 (Year) 1953

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: June 9, 1904
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pantagen N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Mackey
14. MOTHER'S MAIDEN NAME: Annie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: William Lyde Box 203 Rt. 1 Severn Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4201

Immediate cause (a) Coronary disease — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Eberhardt, Annapolis Md. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 9/12/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9/1953
NAME OF CEMETERY OR CREMATORY Arbutus Memorial
LOCATION (City, town, or county) Arbutus Md. (State)

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Mrs Katie R. Williams ADDRESS 322 N Schroeder St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

5704

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kar Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sherwood Forest

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead 06X-2
STREET ADDRESS (If rural, give location) North Main St.

3. NAME OF DECEASED (Type or Print) (First) CARROLL (Middle) M. (Last) MARTIN

4. DATE OF DEATH (Month) (Day) (Year) Sept. 28 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Feb 2 1913
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investment Broker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Co
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Chester A. Martin
14. MOTHER'S MAIDEN NAME Hadie Alban

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-03-1253
17. INFORMANT AND ADDRESS Valeria T. Martin Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning 727.8

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute alcoholism

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) water
(CITY OR TOWN) Sherwood Forest (COUNTY) Anne Arundel (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 27, 1953 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Attempting to swim ashore from boat and drowned

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Joseph A. Jachimczyk (Degree or title) ADDRESS Ass't. Medical Examiner-700 Fleet St.-Balto. 2, Md. DATE SIGNED 9/29/53

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF Sept 30, 53
NAME OF CEMETERY OR CREMATORY Mt Zion
LOCATION (City, town, or county) (State) Balto. Co.

DATE REC'D BY LOCAL REG. 9/29/53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR Edw. L. Tipton Hampstead Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 34 RIVER DR BAY RIDGE ANNAPOLIS
COUNTY ANN ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X BAY RIDGE. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 34 RIVER DR BAY RIDGE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ANN ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BAY RIDGE X ANNAPOLIS
STREET ADDRESS (If rural, give location) 34 RIVER DR.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) CLARENCE (Last) MILLER

4. DATE OF DEATH: (Month) SEPT (Day) 28 (Year) 19 1953

5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED | 8. DATE OF BIRTH: FEB 27 1871 | 9. AGE last birthday: 82 yrs. | IF UNDER 1 YEAR: Months 7, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BANKER | 10b. KIND OF BUSINESS OR INDUSTRY: RETIRED | 11. BIRTHPLACE (State or foreign country): WASHINGTON D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB MILLER. | 14. MOTHER'S MAIDEN NAME: WIHELMINA SHELMEIR.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: GEORGE M HEBBARD 100 RIVER DR. BAY RIDGE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause 4200 | (a) Congestive Heart Failure | 3 days. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) Arteriosclerotic Heart Disease | Unknown. |
| | DUE TO (c) | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Sept, 1953, that I last saw the deceased alive on 28 Sept, 1953, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE Edward Hecks (DEGREE OR TITLE) MD ADDRESS 4 Southgate Ave Annapolis DATE SIGNED 9-28-53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF OCT 1 1953 | NAME OF CEMETERY OR CREMATORY ROCK CREEK CEMETERY | LOCATION (City, town, or county) WASHINGTON SUITLAND (State) DC MARYLAND

DATE REC'D BY LOCAL REG. Sept. 28, 1953 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR Chas. H. Nevin Co. | ADDRESS 2901 14th St N.W. WASHINGTON D.C.

VS. A16

RECEIVED
1953
BUREAU V[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 27

M

1

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Anne Arundel MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort George G. Meade
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. ARMY HOSPITAL

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1035 Cooks Lane

**3. NAME OF DECEASED:** (Type or Print) (First) Jesse (Middle) Franklin (Last) Moss

**4. DATE OF DEATH:** (Month) September (Day) 10 (Year) 1953

**5. SEX:** M

**6. COLOR OR RACE:** white

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** single

**8. DATE OF BIRTH:** 12 March 1918

**9. AGE last birthday:** 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): Soldier

**10b. KIND OF BUSINESS OR INDUSTRY:** US Army

**11. BIRTHPLACE** (State or foreign country): North Carolina

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Charlie Franklin Moss

**14. MOTHER'S MAIDEN NAME:** Ella V. Hunt

**15 WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) WW II 30 Oct 50-10 Sep 53

**16 SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:** Stanley C. Moss (brother) 1035 Cooks Lane, Baltimore, Maryland

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

154X

Immediate cause (a) Adenocarcinoma, rectum with generalized metastasis

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 1 yr

**11. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION**

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT SUICIDE HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Aug., 1953, to 10 Sep., 1953, that I last saw the deceased alive on 10 Sep., 1953, and that death occurred at 1910 hrs., from the causes and on the date stated above.

SIGNATURE John W. Carrier (Degree or title) 1st Lt, MC ADDRESS Fort George G. Meade, Md. DATE SIGNED 10 Sep 53

**23. BURIAL, CREMATION, REMOVAL** (Specify) burial

DATE THEREOF 15 Sep 53

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginai

DATE REC'D BY LOCAL REGISTRAR 11 Sep 53

REGISTRAR'S SIGNATURE T. A. [illegible], [illegible], USA

**24. FUNERAL DIRECTOR** HARRY [illegible] WITZKE, BALTO., MD. ADDRESS

RECEIVED
SEP 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]507

# CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: Anne Arundel — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Crownsville
   LENGTH OF STAY (in this place): 33 yrs. 11 mos.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Carroll
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminister
   STREET ADDRESS (If rural give location): Unknown

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Murdock

4. DATE OF DEATH: (Month) 9 (Day) 9 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1891?

9. AGE last birthday: 62? yrs.
   IF UNDER 1 YEAR: Months — Days —
   IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
   (If Yes, give war or dates of service) — — —

16. SOCIAL SECURITY NO: — — —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Chronic Myocarditis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) — DUE TO
(c)

Interval Between Onset And Death: Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — — — —

19b. MAJOR FINDINGS OF OPERATION — — — — — — — — — — — — — — — — — — — —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — — — — — — —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — —

(CITY OR TOWN) (COUNTY) (STATE) — — — — — — — —

TIME OF INJURY (Month) (Day) (Year) (Hour) — — — — — — — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? — — — — — — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 2/1 ..., 19 53, to 9/9 ..., 19 53, that I last saw the deceased alive on 9/9 ..., 19 53, and that death occurred at 6:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arnold N. Eichert, M.D.
ADDRESS: Crownsville, Md.
DATE SIGNED: 9/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 9/15/53
NAME OF CEMETERY OR CREMATORY: University Med. School
LOCATION (City, town, or county) (State): Balto City Md

DATE REC'D BY LOCAL REGISTRAR: Sept. 16, 1953
REGISTRAR'S SIGNATURE: L. J. DeAlba

24. FUNERAL DIRECTOR: Frances A. Hemsley
ADDRESS: 578 N. Biddle St

VS. A16 (1-)

RECEIVED
SEP
BUREAU V. S.

Item 11, Film G158 10/19/53 fcy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1703)

# CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundle General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) Darnall (Last) Owens

4. DATE OF DEATH: (Month) Sept (Day) 23 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb 22, 1953

9. AGE last birthday: 7 mos. yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ~~Maryland~~ Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John E. Owens

14. MOTHER'S MAIDEN NAME: Irene Elizabeth Cole

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: John E. Owens, Lothian, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.0

Immediate cause (a) acidosis.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) acute gastroenteritis, malnutrition

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 22, 1953, to Sept 23, 1953, that I last saw the deceased alive on Sept 23, 1953, and that death occurred at 7:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Emily H. Wilson, M.D. ADDRESS Lothian, Md. DATE SIGNED 9-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 26, 1953 NAME OF CEMETERY OR CREMATORY Mosos LOCATION (City, town, or county) (State) Lothian Md

DATE REC'D BY LOCAL REGISTRAR Sept. 25, 1953 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR T. C. Hardesty & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS (A15)

RECEIVED
SEP 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St Mary's Rectory

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pa. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ephrata
STREET ADDRESS (If rural, give location): P.O. Box 299

3. NAME OF DECEASED (Type or Print): (First) THE REV (Middle) ENRICO G (Last) PANTALEO C.Ss.R
4. DATE OF DEATH: (Month) September (Day) 6, (Year) 53

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE Last Birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Single | June 16, 1906 | 47 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Clergyman | Catholic Church | New York | USA |

13. FATHER'S NAME: Ettore Pantaleo
14. MOTHER'S MAIDEN NAME: Concetta M. Mazzucco

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | none | Mrs Concetta Pantaleo West St Annapolis, Md |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause (a) | Coronary Disease | sudden |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) | | |
| (c) | | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Church Rectory | Annapolis | Anne Arundel | Maryland |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| Sept. 6, 53 12:10AM | | Natural Causes |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Elmer G. Linhardt | MD | Medical Examinser Anne Arundel County. Annapolis, Md | 9-6-53 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Sept. 9, 1953 | St. Mary's Church Yard | Annapolis, Maryland |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Sept. 8, 1953 | | Ben L. Hopping and Son | Annapolis, Md. |

VS. 41BA

RECEIVED
SEP 1 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 210

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A.A. County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park
MARYLAND
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 Doris Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-Curtis Bay
STREET ADDRESS (If rural give location) 3605 Fairhaven Ave

3. NAME OF DECEASED: (Type or Print) (First) Vincent (Middle) Paul (Last) Pecukonis

4. DATE OF DEATH: (Month) Sept (Day) 4 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 22 1910

9. AGE last birthday 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bartender

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Balto. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Vincent Peter Pecukonis

14. MOTHER'S MAIDEN NAME: Mary Scyzglo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. 2

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Anne Pecukonis 109 Doris Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 307X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO a- Chronic Alcoholism, Dehydration, malnutrition — Interval Between Onset And Death: 10-12 years

DUE TO b- Delirium Tremens — 4 day

a- Coronary Occlusion — Sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Alcoholism

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) Anne Arundel County, Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4, 1953, to 9/4, 1953, that I last saw the deceased alive on 4:15 Am 9-4-53, and that death occurred at 4:40 Am 9-4-53, from the causes and on the date stated above.

SIGNATURE (Degree or title) Leonard D. Flat, M.D. ADDRESS 302 Patapsco Ave DATE SIGNED 9/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept. 7, 1953 NAME OF CEMETERY OR CREMATORY Holy Cross Cem. LOCATION (City, town, or county) Anne Arundel Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 5. 1953 REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR George J. Gence ADDRESS 4001 Ritchie Hwy.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]711

# CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A.A. Co. MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: JACOBSVILLE; LENGTH OF STAY (in this place): X; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN JACOBSVILLE; STREET ADDRESS (If rural give location) Brookfield Rd.

3. NAME OF DECEASED: (Type or Print) (First) JEROME (Middle) V. (Last) PIPITONE

4. DATE OF DEATH: (Month) 9 (Day) 9 (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: 1.4.05

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ASSISTING.

10b. KIND OF BUSINESS OR INDUSTRY: AMBULANCE

11. BIRTHPLACE (State or foreign country): BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: VITO

14. MOTHER'S MAIDEN NAME: ANNIE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: FAMILY SAME

## 18. MEDICAL CERTIFICATION

| | | Interval Between Onset And Death |
|---|---|---|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| 416 X Immediate cause | (a) Coronary Thrombosis | 1 hour |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Congestive Heart Failure | 18 months |
| | DUE TO (c) Rheumatic Heart Disease | 30 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | None | |

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2, 1953, to 9/9, 1953, that I last saw the deceased alive on 9/5, 1953, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Randall M. McLaughlin, M.D. Pasadena, Md. Sept. 9, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) B DATE THEREOF 9.12.53 NAME OF CEMETERY OR CREMATORY CATHEDRAL LOCATION (City, town or county) BALTO (State)

DATE REC'D BY LOCAL REGISTRAR 9-11-53 REGISTRAR'S SIGNATURE A.W. Hedrich dar.

24. FUNERAL DIRECTOR ADDRESS 130 E. Fort Ave.

VS. A15

Item 9, Film G158 10/6/53 fcy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]712

# CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 37 1/2 Maryland Ave

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) S. (Last) Popham

4. DATE OF DEATH: (Month) 9 (Day) 18 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Apr. 15th 1884
9. AGE last birthday: 69 ~~68~~ yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Baker U.S. Naval Academy
10b. KIND OF BUSINESS OR INDUSTRY: Baker
11. BIRTHPLACE (State or foreign country): Annapolis Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob F. Popham
14. MOTHER'S MAIDEN NAME: Martha Naden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Clarine Miller Popham 37 1/2 Maryland Ave Annapolis Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| 260X Immediate cause | (a) Cerebral Hemorrhage | 24 hrs. |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Generalized Arteriosclerosis | yrs. |
| | DUE TO (c) Diabetes Mellitus | 5 yrs + |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Thrombosis — 2 yrs. ago.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17, 1953, to 9/18, 1953, that I last saw the deceased alive on 9/18, 1953, and that death occurred at 3.39 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Maurice Klawans Md
ADDRESS Annapolis, Md
DATE SIGNED 9/19/53

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)
DATE THEREOF 9-21-53
NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemt
LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept. 21, 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR John M. Taylor Sons
ADDRESS Annapolis Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

# CERTIFICATE OF DEATH

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenburnie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 102 - 3rd A., S. E.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenburnie X
STREET ADDRESS (If rural give location) 102 - 3rd. Ave., S. E.

3. NAME OF DECEASED: (Type or Print) (First) MAUDE (Middle) A. (Last) PORTER

4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct. 12, 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Virgil Stallings

14. MOTHER'S MAIDEN NAME: Susie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Glenburnie, Md. Mrs. Joseph J. Doney - 102 -3rd Ave., S. E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cardio-Vascular disease — Interval Between Onset And Death: 2 yrs -

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

DUE TO (b) Arterio-Sclerosis — 1 yr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch. Bronchitis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. ..., 1950, to Sept. 23, 1953, that I last saw the deceased alive on 9/23, 1953, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE Chas. L. Race Jr. (Degree or title) Physician ADDRESS DATE SIGNED 9/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/26/53 — NAME OF CEMETERY OR CREMATORY Moreland Mem. Pk. — LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 9-25-53 — REGISTRAR'S SIGNATURE A.W.Hedrich dmr.

24. FUNERAL DIRECTOR Wm. J. Dickener & Sons — ADDRESS Balto. 17, Md.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

1126

Reg. Dist. No. 3 4 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale; LENGTH OF STAY (In this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P. G.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights Lot 16 X 3; STREET ADDRESS (If rural, give location) 807 52nd Ave.

3. NAME OF DECEASED (Type or Print): (First) Salvatore (Middle) (SALVATORE) (Last) Rizzo

4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 13 '13

9. AGE last birthday: 40 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Post Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Post Office

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frisbee Rizzo

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Nancy Rizzo 807-52nd Ave.

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Bowie Linn Grant M.D. (Degree or title) ADDRESS: Shady Side Md. DATE SIGNED: 9-1-53

23. BURIAL, CREMATION OR REMOVAL (Specify): Removal DATE THEREOF: 9/1/53 NAME OF CEMETERY OR CREMATORY: ~~West Lawn~~ Battlefield LOCATION (City, town, or county): Burtonsville P.G. (State): MD

DATE RECD BY LOCAL REG.: Sept 1-53 REGISTRAR'S SIGNATURE: Edna A. Hurst

24. FUNERAL DIRECTOR: ~~H. A. Hardesty & Son, Hyattsville Md~~ Ida Belle Dent mgr. W.W. Chamberlain Co West W.C. ADDRESS

VS. A15

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SEP 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06715

# CERTIFICATE OF DEATH

Reg. Dist. No. 21

M

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Franklin St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 74 Franklin

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) E. (Last) Russell

4. DATE OF DEATH: (Month) Sept. (Day) 8 (Year) 1953

5. SEX: Female ~~Colored~~

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov. 24, 1888

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months 9 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sterling Ky.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sanford Jouett

14. MOTHER'S MAIDEN NAME: Nannie Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Nannie Tucker, 80 Charles St., Annapolis Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 W.1

Immediate cause (a) Coronary Occulsion — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension Cardio-Vascular Disease — 4 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1949, to 9/8, 1953, that I last saw the deceased alive on 9/8, 1953, and that death occurred at 11 30 P.M., from the causes and on the date stated above.

SIGNATURE Harden H. Johnson (Degree or title) M.D. ADDRESS 40 Northwest St. Annapolis, Md DATE SIGNED 9/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Sept. 12, 1953 NAME OF CEMETERY OR CREMATORY Naval LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept. 12, 1953 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR J.B. Johnson ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

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SEP 15 1913
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 20

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Birdsville — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Birdsville |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural, give location) |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Lou | (Middle) Ann | (Last) Sames | 4. DATE OF DEATH | (Month) Sept. (Day) 4 (Year) 1953 |
| 5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify) | 8. DATE OF BIRTH 21 Aug, 1953 | 9. AGE last birthday yrs. | If under 1 year Months / Days 14 — If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME Thomas Sames | 14. MOTHER'S MAIDEN NAME Gertrude Bradford | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT Thomas Sames, Birdsville, Md. | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Erythroblastosis fetalis — Life

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |

| | | |
|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 21 Aug, 1953, to 4 Sept, 1953, that I last saw the deceased alive on 21 Aug, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| R W Parsons | M D | Upper Marlboro, Md | Sept 4, 1953 |

| | | | |
|---|---|---|---|
| 23. BURIAL, ~~CREMATION REMOVAL~~ (Specify) | DATE THEREOF 9-5-1953 | NAME OF CEMETERY OR CREMATORY All Hallows | LOCATION (City, town, or county) Anne Arundel (State) Md. |
| DATE REC'D BY LOCAL REG. Sept. 4, 1953 | REGISTRAR'S SIGNATURE Elsie West Williams | 24. FUNERAL DIRECTOR John M. Taylor & Sons | ADDRESS Annapolis, Md. |

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BUREAU V.

ITEMS 3, 14, 17: film G158 9-30-53 LL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Edgewater, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 214

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md COUNTY A. A.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Beverly Beach
STREET ADDRESS (or rural, give location)

**3. NAME OF DECEASED:** (First) LEO (Middle) J. (Last) SHELIN (Type or Print)
**4. DATE OF DEATH** (Month) Sept (Day) 8 (Year) 1953
**5. SEX:** M
**6. COLOR OR RACE:** W
**7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~,** (Specify):
**8. DATE OF BIRTH:** Aug 24, 1913
**9. AGE last birthday:** 40 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of work life, even if retired): Detective #1 Precinct
**10b. KIND OF BUSINESS OR INDUSTRY:** Met. Police Dept
**11. BIRTHPLACE** (State or foreign country): Grand Bay, Alabama
**12. CITIZEN OF WHAT COUNTRY:** U.S.A.
**13. FATHERS NAME:** Olof Shelin
**14. MOTHER'S MAIDEN NAME:** Mary A. [redacted]
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.:**
**17. INFORMANT'S ADDRESS:** Mary Louise W. Shelin

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | | Interval Between Onset and Death |
|---|---|---|---|
| 972.1 Immediate cause | (a) | Suicide | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) | Carbon - monoxide | |
| | DUE TO (c) | | |

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDING OF OPERATION:**
**20. AUTOPSY?** Yes ☐ No ☑
**21a. EXTERNAL CAUSE WAS** PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
**21b. PLACE** (Home, farm, factory, OF street, office bldg., etc.) INJURY in automobile on Route 214
**21c.** (City or town) (County) A. A. Co. (State) Md.
**21d. TIME** (Month) (Day) (Year) (Hour) OF INJURY Sept 8 1953 P.M.
**21e. INJURY OCCURRED** While at work ☐ Not while at work ☑
**21f. HOW DID INJURY OCCUR?** Connected a hose to exhaust and placed in car

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Sept. 9 1953

**23. ~~BURIAL, CREMATION,~~ REMOVAL (Specify):** Burial
DATE THEREOF 9/12/53
NAME OF CEMETERY OR CREMATORY Ft. Lincoln
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. Sept 9 1953
REGISTRAR'S SIGNATURE Edward Collinson
**24. FUNERAL DIRECTOR** Martin W. Nyong Co.
ADDRESS 1300 N St N.W. Washington D.C.

VS. A15A - 5

RECEIVED
SEP 16 .
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06718

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HIGH POINT
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY A A Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HIGH POINT
STREET ADDRESS (If rural, give location) EDGEWOOD + GLEN. AVE

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) F (Last) SHAW

4. DATE OF DEATH (Month) SEPT. (Day) 2 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH DEC-10-1882.
9. AGE last birthday 70 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOP MAN
10b. KIND OF BUSINESS OR INDUSTRY BALTO TRANSIT Co
11. BIRTHPLACE (State or foreign country) BALTO MD
12. CITIZEN OF WHAT COUNTRY U S

13. FATHER'S NAME SAMUEL SHAW
14. MOTHER'S MAIDEN NAME MARY FONTZ.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT MAMIE SHAW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular Disease — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1952, to Sept 2, 1953, that I last saw the deceased alive on Sept 1, 1953, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE J. Brady Smith (Degree or title) M.D. ADDRESS Riviera Beach, Md. DATE SIGNED 9/2/53

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE 9-5-53
NAME OF CEMETERY OR CREMATORY GLEN HAVEN CEM
LOCATION (City, town, or county) A A Co (State)

DATE REC'D BY LOCAL REG. 9/3/53
REGISTRAR'S SIGNATURE W W Hedrick
24. FUNERAL DIRECTOR Bernard C. Harle
ADDRESS 121 E West St
J. Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - PASADENA P.O. LENGTH OF STAY (in this place) 12 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HILLSIDE RD., ROCK HILL BEACH

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - PASADENA - P.O.
STREET ADDRESS (If rural give location) HILLSIDE RD. - ROCK HILL BEACH

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) L. (Last) SKINNER

4. DATE OF DEATH: (Month) (Day) (Year) MON., Sept. 14, 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: APR. - 17 1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: AT Home
11. BIRTHPLACE (State or foreign country): West Minister, CARROLL CO., MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN - SHUGH
14. MOTHER'S MAIDEN NAME: MAMIE LONG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 219-10-4514
17. INFORMANT & ADDRESS: LEONARD-SKINNER (HUSBAND) ADDRESS SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 2-years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coarctation of the aorta — Not determined

DUE TO (c) Hypertension — 15-years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1951, to Sept. 14, 1953, that I last saw the deceased alive on Sept. 13, 1953, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE R. M. McLaughlin (Degree or title) M.D. ADDRESS Pasadena P.O., Md. DATE SIGNED Sept. 14. 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 17, 1953 NAME OF CEMETERY OR CREMATORY HOLYCROSS CEM LOCATION (City, town, or county) BROOKLYN, A.A. CO. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 9/15/53 REGISTRAR'S SIGNATURE W W Hedrick 24. FUNERAL DIRECTOR A. Howard Evans ADDRESS 1400 S Charles St Balto 30 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie — LENGTH OF STAY (in this place): Few Seconds
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 301

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Severn
STREET ADDRESS (If rural, give location): New Cut Road.

3. NAME OF DECEASED (Type or Print) (First) (Middle): Robert Ann Smith
4. DATE OF DEATH (Month) (Day) (Year): Sept. 25 1953
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 18 1922
9. AGE last birthday: 31 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert William Stone
14. MOTHER'S MAIDEN NAME: Viola Smith.
15. WAS DECEASED [illegible] U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 178-16-3036
17. INFORMANT AND ADDRESS: Vonnie Smith (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of skull — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of "Collar Bone." — Sudden.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Route 301 — (CITY OR TOWN): Glen Burnie — (COUNTY): A.A. — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 9/25/53 - 2.25 A.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Collision (automobile.)

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ___, accident ☒, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: Gustave H. Parker, M.D. — (Degree or title): Deputy Md. Examiner — ADDRESS: Glen Burnie, Md — DATE SIGNED: 9/26/53

[illegible] CREMATION (Specify): Burnie — DATE THEREOF: Sept 28-53 — NAME OF CEMETERY OR CREMATORY: Glen Haven Cemetery — LOCATION (City, town, or county) (State): Ritchie Hwy A.A. Co. Md

DATE REC'D BY LOCAL REG.: September 28 1953 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: Bernard A. Fink — ADDRESS: Glen Burnie Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 721

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STEVENS GROVE X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS COLONIAL BEACH RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STEVENS GROVE X
STREET ADDRESS (If rural give location) COLONIAL BEACH RD.

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) B. (Last) STEVENS

4. DATE OF DEATH: (Month) 9 (Day) 2 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 7/12/1874

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN KASPAR

14. MOTHER'S MAIDEN NAME: MARY VYSCOCYL

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: HENRY J. MONCK 38 N. BERNICE AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) ..... Degenerative Cardio-Vascular Disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... Jaundice DUE TO

(c)

Interval Between Onset And Death
5 years
2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June ....,1946., to Sept 2 ., 1953, that I last saw the deceased alive on Sept 1, 1953 and that death occurred at 1:35 P.M., from the causes and on the date stated above.

SIGNATURE G. Brady Smith (Degree or title) M.D. ADDRESS Riviera Beach, Md. DATE SIGNED 9/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 9/5/53
NAME OF CEMETERY OR CREMATORY MEADOWRIDGE MEM.
LOCATION (City, town, or county) ELKRIDGE, (State) MD.

DATE REC'D BY LOCAL REGISTRAR 9/3/53
REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR JOHN F. DENNY, INC. ADDRESS 715 LIGHT ST.

VS. ALS 7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 22

# CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arnold
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arnold Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Noble (Middle) F. (Last) Stewart
4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: June 26th 1902
9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter - U. S. Naval Academy
11. BIRTHPLACE (State or foreign country): Darlington Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frank Stewart
14. MOTHER'S MAIDEN NAME: Emma E. Miller
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Katherine K. Stewart Arnold A A Co Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0 Immediate cause (a) Coronary Thrombosis — sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — 2 years

1002 x DUE TO (c) Fracture Pulmonary Tuberculosis — 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Prostate — 1 year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1957, to Sept 26, 1953, that I last saw the deceased alive on Sept 25, 1953, and that death occurred at 3 A M, from the causes and on the date stated above.
SIGNATURE George C. Basil (Degree or title) M.A. ADDRESS Annapolis Md DATE SIGNED 9-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF ~~9-29-53~~ NAME OF CEMETERY OR CREMATORY Hillcrest LOCATION (City, town, or county) Annapolis (State) Md
DATE REC'D BY LOCAL REGISTRAR Sept. 29, 1953 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 23

# CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS
LENGTH OF STAY (in this place) 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE IOWA COUNTY 13 3
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - Corning
STREET ADDRESS (If rural give location) RFD #1

3. NAME OF DECEASED: (Type or Print) (First) Baby Girl (Middle) (Last) SULLIVAN
4. DATE OF DEATH: (Month) SEP (Day) 16 (Year) 19 53
5. SEX: FEMALE
6. COLOR OR RACE: CAUCASIAN
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 15 SEP 1953
9. AGE last birthday: 00 yrs. IF UNDER 1 YEAR Months 00 Days 00 IF UNDER 24 HRS. Hours 12 Min. -
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Leo William SULLIVAN
14. MOTHER'S MAIDEN NAME: Nevena DELLOFF
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hospital records - USNH, Annapolis, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776x Immediate cause (a) IMMATURITY UNQUALIFIED (776) — Interval Between Onset And Death 12 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 SEP, 19 53, to 16 SEP, 19 53, that I last saw the deceased alive on 16 SEP, 19 53, and that death occurred at 11:37 AM, from the causes and on the date stated above.

SIGNATURE W. I. Neikirk (Degree or title) W. I. NEIKIRK, LCDR MC USN
ADDRESS U.S. Naval Hospital, Annapolis, Md.
DATE SIGNED 9-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-17-53
NAME OF CEMETERY OR CREMATORY Naval Cemetery
LOCATION (City, town, or county) (State) Annapolis Md.
DATE REC'D BY LOCAL REGISTRAR Sept. 17, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR B. F. Hopping for Annapolis, Md.
ADDRESS

209329229

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
SEP 1E
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible] 21

# CERTIFICATE OF DEATH

Reg. Dist. No. ... ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Ann Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solley
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 200 Warner Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY A.A.Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solley
STREET ADDRESS (If rural give location) 200 Warner Rd

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Walter (Last) Tayman

4. DATE OF DEATH: (Month) Sept (Day) 10 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 20 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Maintenance

10b. KIND OF BUSINESS OR INDUSTRY: B & O. R.R

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John T Tayman

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Thomas M. Tayman 200 Warner Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 1 Hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Rheumatoid arthritis — 15 years

DUE TO

(c) arteriosclerosis — not determined

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 15, 1953, to Sept. 10, 1953, that I last saw the deceased alive on Sept. 8, 1953, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Randall M. McLaughlin M.D — ADDRESS Pasadena. Md. — DATE SIGNED Sept. 10, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept 14 1953 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) A.A.Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 9-11-53 — REGISTRAR'S SIGNATURE A.W.Hedrich dmr.

24. FUNERAL DIRECTOR — Geo. S. Gonce Funeral Home — ADDRESS 4001 Ritchie Highway

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

725

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Arundle MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arundle on the Bay
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arundle On The Bay
STREET ADDRESS (If rural, give location) Arundle On The Bay

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Eliza Ella Butler Thomas

4. DATE OF DEATH (Month) (Day) (Year) Sept.15.53

5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May.14.80
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Arundle Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME John T. Gross
14. MOTHER'S MAIDEN NAME Dorcas Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Dorothy Hammond 1107 Argyle Av

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 443X Immediate cause | (a) Cerebral Accident | 4 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Cardio-Vascular Disease | 6 yr. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1953, to 9/15, 1953, that I last saw the deceased alive on 9/15, 1953, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Theodore H. Johnson M.D. ADDRESS 40 Northwest Street Annapolis, Md DATE SIGNED 9/15/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/19/53
NAME OF CEMETERY OR CREMATORY Mt Calvery Cem
LOCATION (City, town, or county) (State) Brooklyn Md.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS Elroy O Wilson 1000 Bentley Ave

1156

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 26

# CERTIFICATE OF DEATH

Reg. Dist. No. XH

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oakwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural give location) Oakwood Road

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) C. H. (Last) Ungerer

4. DATE OF DEATH: (Month) Sept (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 18, 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Printer (ret.)
10b. KIND OF BUSINESS OR INDUSTRY: Newspaper
11. BIRTHPLACE (State or foreign country): Haganua Alsace
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henri Ungerer
14. MOTHER'S MAIDEN NAME: Margaret Maurer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Wm. C H Ungerer - Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mitral Insufficiency — Interval Between Onset And Death: 4 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes — 4 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to 9/8/53, 19 , that I last saw the deceased alive on 8/20, 1953, and that death occurred at 8:30 P.M. from the causes and on the date stated above.

SIGNATURE Gustave H. Pauberth (Degree or title) Glen Burnie, ADDRESS DATE SIGNED 9/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 12, 1953
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Brooklyn RFD (State) Md.
DATE REC'D BY LOCAL REGISTRAR September 11, 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR R. Singleton - Glen Burnie, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1 1 19[illegible]
BUREAU V. S.

Dr. Shipley

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]727

# CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural give location) 429 Burnside Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) A. (Last) Van Houter
4. DATE OF DEATH: (Month) 9 (Day) 25 (Year) 1953

5. SEX: 7
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Nov 7th 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Greensburg Penn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Spindler
14. MOTHER'S MAIDEN NAME: Nancy Jane Eicher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Hector de Zayas 429 Burnside Ave Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 33 X (a) Cerebral Vascular Accident — Interval Between Onset And Death: stat

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 7 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to 9/25/, 1953, that I last saw the deceased alive on 9/24/, 1953, and that death occurred at 2:15 pm, from the causes and on the date stated above.

SIGNATURE Frank M Shipley (Degree or title) M.D. ADDRESS Annapolis, Md DATE SIGNED 9/26/53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF ~~9-29-53~~ NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REGISTRAR Sept. 29, 1953 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (19)52

# CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH:
COUNTY A. A. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1212 West St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 1212 West

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) L. (Last) VanSant
4. DATE OF DEATH: (Month) 9 (Day) 11 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 11-11-1862
9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Annapolis Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John T. Johnson
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs Dennis J. Thompson 1212 West St Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Congestive Heart Failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cr. Myocarditis & Senility
DUE TO
(c)
Interval Between Onset And Death: about 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1953, to Sept 11, 1953, that I last saw the deceased alive on Sept 11, 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) J. Oliver Purvis M.D. | ADDRESS Annapolis Md | DATE SIGNED 9-13-1953

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 9-15-53 | NAME OF CEMETERY OR CREMATORY St Annes | LOCATION (City, town, or county) (State) Annapolis Md
DATE REC'D BY LOCAL REGISTRAR Sept. 14, 1953 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS John M. Taylor Sons Annapolis Md

RECEIVED
SEP 15
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH:
COUNTY A. A. MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Davidsonville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Davidsonville Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) (Last) Watkins

4. DATE OF DEATH: (Month) 9 - (Day) 27 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: Jan. 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Tobacco Farmer
11. BIRTHPLACE (State or foreign country): Davidsonville Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Watkins
14. MOTHER'S MAIDEN NAME: Ann Welsh

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Ben Watkins III

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150 X

Immediate cause (a) Starvation - — Interval Between Onset And Death 3 t mon

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Oesophagus — 1 t yr.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Summer, 1952, to 9/27/, 1953, that I last saw the deceased alive on 9/20/, 1953, and that death occurred at 2 pm, from the causes and on the date stated above.

SIGNATURE Frank M. Shipley (Degree or title) M.D. ADDRESS Annapolis DATE SIGNED 9/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Sept 29-53 NAME OF CEMETERY OR CREMATORY All Hallows LOCATION (City, town, or county) Davidsonville (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept. 29, 1953 REGISTRAR'S SIGNATURE Carrie J. Smith Rec'd 9-30
24. FUNERAL DIRECTOR John M. Taylor Sons ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

RECEIVED
OCT 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (53)

# CERTIFICATE OF DEATH

Reg. Dist. No. W

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davidsonville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Davidsonville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Eleanora (Middle) Evans (Last) Watkins

4. DATE OF DEATH: (Month) (Day) (Year) 9 - 19 - 53

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-13-1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Davidsonville Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Watkins

14. MOTHER'S MAIDEN NAME: Anna Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): (

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Benj Watkins III Davidsonville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Central hemmhage - DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) a. l. sclerosis (general) hypertension DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1951, to Sept 19, 1953, that I last saw the deceased alive on Sept 18, 1953, and that death occurred at 6:10 a.m. from the causes and on the date stated above.

SIGNATURE Emily H. Urlam (Degree or title) M.D. ADDRESS Lothian, Md. DATE SIGNED 9-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9-21-53 NAME OF CEMETERY OR CREMATORY All Hallows LOCATION (City, town, or county) Davidsonville (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept. 21, 1953 REGISTRAR'S SIGNATURE Carrie Shindt Rec'd 9-23-53

24. FUNERAL DIRECTOR John M. Layton Son ADDRESS Annapolis Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP
BUREAU V.

1155

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 31

# CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 102 Fourth Ave. S.W.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural give location) 102 Fourth Ave. S.W.

3. NAME OF DECEASED: (Type or Print) (First) Adam (Middle) (Last) Wengert

4. DATE OF DEATH: (Month) September (Day) 2 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 30, 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Engineer (ret.)
10b. KIND OF BUSINESS OR INDUSTRY: Y.W.C.A., Balto.
11. BIRTHPLACE (State or foreign country): Edenburg, Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Conrad Wengert
14. MOTHER'S MAIDEN NAME: Rose Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Emma Wengert - Glen Burnie, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4500

Immediate cause (a) General Arterio Sclerosis

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death + 3 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to 9/2, 1953, that I last saw the deceased alive on 9/1/53, 19 , and that death occurred at 11:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gustave H. Pauber Jr. ADDRESS Glen Burnie, Md. DATE SIGNED 9/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 5, 1953
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Brooklyn, R.F.D., Md.
DATE REC'D BY LOCAL REGISTRAR Sept 5, 1953
REGISTRAR'S SIGNATURE L. J. D'Alba
24. FUNERAL DIRECTOR R. V. Singleton, ADDRESS Glen Burnie, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 33

# CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH:
COUNTY AnneArundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
STREET ADDRESS (If rural give location) 513 8th Street

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Williams
4. DATE OF DEATH: (Month) 9 (Day) 24 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10/ 77
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months – Days – IF UNDER 24 HRS. Hours – Min. –

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Deceased - Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) – – –
16. SOCIAL SECURITY No.: – – – – –
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac Insufficiency

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION: – – – –
19b. MAJOR FINDINGS OF OPERATION – – – – – – – – – – – – – – – – – – – –
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) – – – – –
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) – (CITY OR TOWN) (COUNTY) (STATE) – – – – – – – – – – – – – – – – – – – –
TIME OF INJURY (Month) (Day) (Year) (Hour) – – – – – m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? – – – – – – – – – – – – – – – – – – – –

22. I hereby certify that I attended the deceased from 8/26, 1953, to 9/24, 1953, that I last saw the deceased alive on 9/24/, 1953, and that death occurred at 11:10 p.m.; from the causes and on the date stated above.

SIGNATURE (Degree or title) Arnold H. Eichert M.D.
ADDRESS Crownsville, Md.
DATE SIGNED 9/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 27 1953
NAME OF CEMETERY OR CREMATORY Bacons Chapel
LOCATION (City, town, or county) (State) Anne Arundel to Md.

DATE REC'D BY LOCAL REGISTRAR Sept 27-53
REGISTRAR'S SIGNATURE Clara Haslup
24. FUNERAL DIRECTOR Ridgley Selby
ADDRESS 401 Wash. ave Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED

BUREAU V. S.

08732

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. ~~242~~ 21

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

T

1. PLACE OF DEATH: COUNTY A.A.Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DC COUNTY K48.3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 343 - 14 st. N.E.

3. NAME OF DECEASED (Type or Print) (First) Joseph A. (Middle) (Last) Williams
4. DATE OF DEATH (Month) 9 (Day) 19 (Year) 1953
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 5
8. DATE OF BIRTH
9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Packer
10b. KIND OF BUSINESS OR INDUSTRY Briggs Co
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank Williams
14. MOTHER'S MAIDEN NAME Elizabeth Hager
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war, or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT AND ADDRESS Frank Williams 343 14th St N.E. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture Skull-

823X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushing - injury - to - chest

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) (COUNTY) A.A.Co (STATE) MD
TIME OF INJURY (Month) 9 (Day) 19 (Year) 53 (Hour) A m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Auto accident - Car turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. Burhardt (Degree or title) MD ADDRESS Annapolis Maryland DATE SIGNED 9-19-53

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 9/22/1953 NAME OF CEMETERY OR CREMATORY Natl Meml Park Cemetery LOCATION (City, town, or county) Falls Church (State) Va.

DATE REC'D BY LOCAL REG. Sept. 19-53 Sept. 22 REGISTRAR'S SIGNATURE ~~Edna F. Collins~~ Wm. J. French mnb.
24. FUNERAL DIRECTOR W. W. Chambers Co ADDRESS 517-11 st. S.E.

RECEIVED
SEP 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

08734

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A46

1. PLACE OF DEATH:
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): X Fort George G. Meade
LENGTH OF STAY (in this place): 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. ARMY HOSPITAL 56

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Illinois — COUNTY: St. Clair
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: East St. Louis V 11-3
STREET ADDRESS (If rural give location): 641 N. 7th Street

3. NAME OF DECEASED: (Type or Print) (First) Kathleen (Middle) Julia (Last) Wondolowski

4. DATE OF DEATH: (Month) September (Day) 8 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: September 4, 1953

9. AGE last birthday: yrs. 4 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): -

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Joseph Edward Marion Wondolowski

14. MOTHER'S MAIDEN NAME: Dorothy Bernadette Lata

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT & ADDRESS: Mrs. Dorothy B. Wondolowski Bldg 1237A, Ft. Geo. G. Meade, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X Immediate cause (a) Prematurity DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 4 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Sep, 1953, to 8 Sep, 1953, that I last saw the deceased alive on 8 Sep, 1953, and that death occurred at 7:05 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M. D. USAH Ft Geo G Meade, Md 8 Sep 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Unknown — NAME OF CEMETERY OR CREMATORY: St. Adalbert Cemetery — LOCATION (City, town, or county) (State): East St. Louis Illinois

DATE RECD BY LOCAL REGISTRAR: 9 September 1953 — REGISTRAR'S SIGNATURE: T. A. GORDON CWO USA

24. FUNERAL DIRECTOR — ADDRESS: William Cook Inc. Baltimore, Md.

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SEP 15 1953
BUREAU V. S.